

Health Regulation Administration

PRINTED: 05/26/2009
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-0079	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/17/2009
NAME OF PROVIDER OR SUPPLIER MULTI-THERAPEUTIC SVCS			STREET ADDRESS, CITY, STATE, ZIP CODE 39 PEABODY STREET NE WASHINGTON, DC 20011		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
1 000	INITIAL COMMENTS A licensure survey was conducted on April 17, 2009. A random sample of three residents was selected from a resident population of three males and two females with various degrees of disabilities. The findings of this survey were based on observations at the group home, interviews with the direct care staff and the administrative staff, as well as a review of clinical and administrative records, including incident reports.	1 000			
1 090	3504.1 HOUSEKEEPING The interior and exterior of each GHMRP shall be maintained in a safe, clean, orderly, attractive, and sanitary manner and be free of accumulations of dirt, rubbish, and objectionable odors. This Statute is not met as evidenced by: Based on observation and interview, the GHMRP failed to maintain the interior of the facility in a safe, clean, orderly, and attractive manner. The findings include: On April 17, 2009, at approximately 1:12 PM observation of the environment and interview with the Qualified Mental Retardation Professional (QMRP) revealed the following deficiencies: 1. Resident #1's bedroom wall was observed to be scratched and also had peeling paint. Interview with the QMRP revealed the resident's hospital bed (with wheels) rubs against the wall, whenever the resident is transferred in and out of his bed.	1 090			

6/3/09
GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH
HEALTH REGULATION ADMINISTRATION
825 NORTH CAPITOL ST., N.E., 2ND FLOOR
WASHINGTON, D.C. 20002

Health Regulation Administration

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

E FORM

TITLE

(X6) DATE

X0PX11

If continuation sheet 1 of 3

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I 090	Continued From page 1 2. The kitchen cabinet's were dirty and the outside of the cabinet doors' contact was peeling. Additionally, the kitchen cabinet adjacent to the stove was greasy. 3. The hood located over the top of kitchen stove was rusty and had peeling paint.	I 090	3504.1 1. Bedroom wall repaired and touch up painting done ... 6-10-09. 2. Kitchen cabinets addressed by ... 6-5-09. 3. Kitchen stove hood was addressed on the survey date and daily after each meal thereafter ... 6-1-09. The facility manager will insure that the above issues are routinely assigned on the staff daily duties listings and will monitor follow up on a routine daily basis ... 6-1-09.		
I 407	3520.9 PROFESSION SERVICES: GENERAL PROVISIONS Each GHMRP shall obtain from each professional service provider a written report at least quarterly for services provided during the preceding quarter. This Statute is not met as evidenced by: Based on observation, interview and record review, the Group Home for Mentally Retarded Persons' (GHMRP) Physical Therapist failed to provide evidence of a written quarterly report for two of the three residents (Residents #1 and #2) included in the sample. The findings include: 1. Observation of Resident #1 on April 17, 2009, at 4:00 PM revealed the resident using a walker to ambulate from the facility's bathroom to the dining room table. It should be noted that the resident was provided with standby staff assistance while ambulating. At 4:12 PM, the resident was called to the kitchen to select a snack and was observed using a wheelchair. Interview with the Qualified Mental Retardation Professional (QMRP) and review of Resident #1's habilitation record on April 17, 2009 revealed the resident was evaluated by a Physical Therapist on August 15, 2008. Review of the assessment	I 407			

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I 407	<p>Continued From page 2</p> <p>revealed a recommendation for the resident to participate in lower extremity exercises that included seated knee hip flexion, sit/stand extension, standing side and kick exercises three days per week for six consecutive months.</p> <p>At the time of the survey, there was no documented evidence that the physical therapist provided written reports on at least a quarterly basis for Resident #1.</p> <p>2. Interview with the QMRP and review of Resident #2's habilitation record on April 17, 2009 revealed that the resident was evaluated by a Physical Therapist on May 1, 2008. Review of the the assessment revealed the therapist recommended the resident to participate in lower extremity exercises with ten repetitions three days per week for twelve consecutive months.</p> <p>At the time of the survey, there was no documented evidence that the physical therapist provided written reports on at least a quarterly basis for Resident #2.</p> <p>This is a repeat deficiency from survey conducted on March 24, 2008.</p>	I 407	<p>3520.9</p> <p>1. The QMRP will insure that the PT develops a quarterly report outlining resident #1's progress in the area by ... 6-2-09.</p> <p>The QMRP will audit the records monthly and proactively notify disciplines to insure that all needed monitoring and monitoring summaries are done in a timely manner ... 6-20-09.</p> <p>2. Same as above (resident #2) ... 6-20-09.</p>		